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ABSTRACT

In order to evaluate the health care needs of the students, faculty, and staff of the University of Utah, a Student Health Services Planning Committee was convened by the dean of the university's medical school and charged with the responsibility of examining alternative methods for meeting the university population's health care needs. One component of the committee's plan was to determine the present health service load at the student service and to describe those population segments that have used the service and those who may be dependent on it as the primary source of care. The results of that population analysis show that, in general, few population variables are highly correlated with use of the health service, and therefore do not adequately explain its use. Marital status does not affect use of the service, although married students will come a greater distance to use the facilities. Controlling for sex and need, it was found that students living with parents see the physicians less often than those not living at home. When controlled for need, it appears that unmarried students with less insurance see physicians more often than those with more insurance, but for married students the converse is true. In general, attitudes toward the health service and its costs are favorable. (Author/MSE)

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UNIVERSITY OF UTAH

STUDENT HEALTH SERVICE POPULATION ANALYSIS

Douglas Hammer

IRMP

September 19, 1974

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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INTRODUCTION

In order to evaluate the health care needs of the students, faculty and staff at the University of Utah, a Student Health Services Planning Committee was convened by the Dean of the University of Utah Medical School and charged with the responsibility of examining alternative methods for meeting the University population's health care needs. One component of the committee's plan was to determine the present health service load at the Student Health Service and to describe those population segments who have used the Student Health Service and also those who may be dependent on the Student Health Services as a primary source of care.

SUMMARY

In general, few population variables are highly correlated with use of the student health service and therefore, do not adequately explain use of the student health service. However, because of the large N (number of respondents to the questionnarie) a number of variables are associated with use and are worth reporting. The following is a summary of significant findings:

In general, students who had more days of restricted activity saw physicians more often when they had a greater number of days of restricted activity. The following significant exceptions occurred:

1. Visits to student health physicians by married females were non-significant and were also negatively correlated in that females visited the student health service more often with fewer days of restricted activity.
2. Visits to student health service by married males was highly non-significant.
3. The combined married and single student female and male population visits to the student health service were non-significant.
4. Both the male and female single population visits to the student health service were non-significant.

In general, marital status does not affect use of the student health service.

As expected, single students who live closer to the student health service use the student health service more often than single students who live farther away. However, distance does not significantly affect married students' use of the student health service.

Controlled for both sex and need, the combined single and married student population who do not live with their parents see physicians at the student health service more often than those students wholive with their parents. Single males who live with their parents visit all physicians more often than single males who do not live with their parents but single males who do not live with their parents visit the student health service more often than single males who live with their parents.

Importantly, when need is controlled, single students with a lessor degree of insurance coverage see student health physicians more often than single students with a greater degree of insurance coverage. However, when controlled for need, married students with a greater degree of insurance coverage see student health physicians more often than married students with a lessor degree of insurance coverage.

Controlling for the appropriate variables, the following attitudes are associated with use of student health physicians:

1. Positive attitude toward student health personnel.
2. Attitude that student health service cost is comparatively low.
3. Positive attitude toward the care rendered at the student health service.
4. Positive attitude toward location of the student health service.
5. Opposition to discontinuing the student health service.

METHODS

From approximately 16,000 single students and 6,000 married students at the University of Utah, a random sample of 505 single students and 238 married students was drawn. A personal interview survey was administered to the sample population. The survey instrument was designed to collect socio-demographic, utilization, cost, and attitudinal data. Two hundred and sixty-eight single males and 234 single females responded to the survey. One hundred and sixty married males and 74 married females also responded to the survey.

A Pearson Correlation Coefficient Matrix was used to determine those variables which best explain use of the University of Utah Student Health Service. A Mantel-Haenzel chi square technique was also used to determine significant associations between population variables and use of the student health service. The Mantel-Haenzel chi square technique accounts for data which is orderable at two or more levels.

P values of less than or equal to .05 are reported as significant. Some non-significant findings where one might expect to find a significant relationship are also reported. Summary tables are included in the Appendix. Percentage distribution of row cells are included in parenthesis

below each row cell total.

DETAILED POPULATION ANALYSIS

Use of Physicians by Number of Days of Restricted Activity

The total population sample including faculty, staff and students sees non-student health physicians more often when they experience a greater number of restricted days of activity. ($P<10^{-5}$ Table I) Also, the total population sees student health physicians more often when they experience a greater number of restricted days of activity. ($P<.04$, Table II) Interestingly, however, there is little association between the number of restricted days of activity and student health physicians visits for the total female population. ($P<.4$)

Thirteen percent of the total male population and 19% of the total female population sampled had visited the student health service one or more times during the past year.

The combined married and single student population also visits all physicians more often when they have a greater number of restricted days of activity. ($P<10^{-5}$ Table III) However, the combined married and single students do not use the student health service more often when they have a greater number of restricted days of activity. ($P<.11$ controlling for sex, .3 for females and .2 for males, Table IV)

Fifteen percent of the male and 23% of the female combined married and single student populations used the student health service one or more times during the past year. As expected, males tend to restrict their activity less often than females, 40% of the males had no days of restricted activity to 27% of females and 31% of males had three or more days restricted activity to 46% for females.

The married student population uses non-student health physicians more often when they have a greater number of days of restricted activity.

Use of Student Health Service by Marital Status

There is no significant difference ($P < .5$) between the use of the student health service by single students with a low need for health services (defined as fewer than three days of restricted activity) and by married students with a low need for services. Also, there is no significant difference ($P < .09$) between the use of the student health service by single students with a high need for health services (defined as three or more days of restricted activity) and by married students with a high need for services. (Table XIV)

Use of the Student Health Service Affected by Distance

As expected, the farther away a student lives from the student health service the less often he uses that service. For the combined married and single student population, those students who have a low need for health service and live closer to the student health service use the student health service more often than those students with a low need and who live farther away. ($P < .003$) Also, those students who live closer to the student health service with a high need for health services use the student health service more often than students with high need living farther away. ($P < .05$) When need is controlled, a highly significant result is obtained at the .002 level indicating that students living closer to the student health service use that service more often. (Table XV)

For the single student population, again the results are highly significant. Single students with a high need and single students with a low need for service and living closer to the student health service use the student health service more often than students with a high need and students with a low need for services living farther away. ($P < .04$ for the high need group and $P < .01$ for the low need group.) When controlled for need the results are again highly significant ($P < .0007$) indicating a high degree of influence of distance on the use of the student health service by the single student. (Table XVII)

Thirty percent of the single students in the low need group and 41% of the students in the high need who live within one mile of the student health service saw a student health physician one or more times in the past year. On the other hand only 13% in the low need group and 19% in the high need group who lived six or more miles from the student health service saw a student health physician one or more times in the past year.

The findings among the married students again are somewhat aberrational. There is no significance ($P < .12$) between those married students with a low need who live closer to the student health service and those with low need who live farther away and there is a high degree of non significance between those married students with a high need for service who live closer than those who live farther away. ($P < .92$) Twenty-two percent of married students who live within one mile with a high need and 20% of those married students who live six or more miles away with a high need have visited a physician at the student health service one or more times during the past year. (Table XVI)

Use of Student Health Service Affected by Residence

This analysis will first compare the use of all physicians by the designated population group and then will examine the use of the student health service by the same population group. Sex and need also are sufficiently correlated with both residence and use of the student health service to warrant control in the following analysis:

The correlation between residence (lives with parents versus does not live with parents) for the combined single and married student population and use of the student health service is .1249.

All females with 1 to 2 days of restricted activity who do not live with their parents see all physicians more often than females with one to two days of restricted activity who live with their parents, ($P < .05$)

Controlling for need, all males who do not live with their parents see physicians more often than males who live with their parents. ($P < 10^{-5}$) Also controlling for need, females who do not live with their parents see physicians more often than females who live with their parents. ($P < .02$) Controlling for sex, there is no significant difference between those who live with their parents and those who do not live with their parents at all levels of need and use of all physicians. ($P < .8$ for no days of restricted activity, $P < .09$ for 1 to 2 days, $P < .16$ for 3 or more days.) Controlling for both need and sex, there is no significant difference between those who live with their parents and those who do not live with their parents in their use of all physicians. ($P < .11$, Table XVIII)

All females with no days of restricted activity who do not live with their parents visit physicians at the student health service more often than females with no days of restricted activity who live with their parents. ($P < .002$)

Interestingly, when need is controlled, males who do not live with their parents see physicians at the student health service more often than males who live with their parents. ($P < .05$) Also, females who do not live with their parents when controlled for need visit the student health service more often than females who live with their parents. ($P < .003$)

When controlled for sex, those students with no days of restricted activity who do not live with their parents use the student health service more often than students with no days of restricted activity who live with their parents. ($P < .006$) However, there is no significant difference between students living with parents and not living with parents in their use of student health service for those with 1 to 2 days of restricted activity ($P < .13$) or 3 or more days of restricted activity ($P < .22$) when controlled for sex.

When controlled for both sex and need, those students who do not live with their parents use the student health service more often than those students who live with their parents. ($P < .002$, Table XIX)

Since few married students live with their parents, this population segment will not be analyzed separately by residence and use of the student health service.

For the single students, the correlation between residence and use is .1928 indicating that those single students who do not live with their parents use the student health service more often than those single students who live with their parents.

When the single student population is controlled for need, single males who live with their parents visit all physicians more often than single males who do not live with their parents. ($P < .003$) However, when controlled for need, females who do not live with their parents visit all physicians more often than females who live with their parents. ($P < .03$, Table XX)

Single females with no days of restricted activity who do not live with their parents see student health service physicians more often than single females with no days of restricted activity who live with their parents ($P < .004$) Controlling for need, single male students who do not live with their parents use student health physicians more often than the single males who live with their parents. ($P < .05$) Controlling for sex, single students with no days of restricted activity who do not live with their parents see student health physicians more often than single students with no days of restricted activity who live with their parents. ($P < .01$) Controlling for both need and sex, single students who do not live with their parents see student health physicians more often than single students who live with their parents. ($P < .0002$, Table XXI)

Twelve percent of single males who live with their parents visited a student health physician one or more times during the past year. Fifteen per cent of single females who live with their parents visited a student health service physician one or more times during the past. In addition, 22% of

with their parents saw a student health physician one or more times during the past year.

Use of all Physicians by Personal and Parental Income

The combined married and single student population who have greater personal income and whose parents earn less than $15,000 a year do not use all physicians more often than those married and single students with lessor personal income whose parents are in the same income bracket. ($P < .08$) Additionally, the combined married and single student population who have greater personal income whose parents earn $15,000 or more do not use all physicians more often than those married and single students with lessor personal income whose parents are in the same income bracket. ($P < .8$) Controlling for parental income, students who have more personal income do not use all physicians more often than students with lessor personal income. ($P < .12$, Table XI)

Controlling for parents' income, married students with more personal income do not use all physicians more often than married students with lessor personal income. ($P < .6$, Table XII)

Controlling for parental income single students with more personal income do not use all physicians more often than single students with lessor personal income. ($P < .3$, Table XIII)

Perceived Unmet Need Affected by Residence

Interestingly, single students who do not live with their parents do not think they should have seen a physician and did not, more often than single students who live with their parents. ($P < .5$) Perceived unmet need, therefore, was not significantly different between those single students who live with their parents and those who do not.

Use of the Student Health Service Affected by Health Insurance

For the combined single and married student population, there is no significant difference between those students with a greater degree of health insurance coverage and their use of all physicians and those students with a lessor degree of coverage. This result holds for both the low need population (less than three days of restricted activity ($P < .3$) and for the high need population (three or more days of restricted activity, $P < .6$). When need is controlled, there is still no significant difference. ($P < .2$, Table XXII)

Single and married students with a greater degree of insurance coverage do not see student health physicians more often than combined single and married students with less insurance for both high need ($P < .4$) and low need ($P < .9$). Again, there is no significant difference in health insurance coverage and use of student health physicians when need is controlled. ($P < .5$, Table XXIII)

Again, for single students no significant difference exists between those single students with more insurance coverage and those students with lessor insurance coverage in their use of all physicians at low need ($P < .5$) at high need ($P < .5$) and controlled for need. ($P < .4$, Table XXVI)

Importantly, however, those single students with a low need for health service who have lessor health insurance coverage, use the student health service more often than single students with a low need with more insurance coverage. ($P < .005$) Also, there is a trend toward significance for those single students with a high need for service who have a lessor degree of insurance coverage in that they use the student health service more often than single students with a high need for service who have a greater degree of insurance coverage. ($P < .09$) Controlling for need,

those single students with a lessor degree of insurance coverage see student health physicians more often than single students with a greater degree of insurance coverage. ($P < .00$, Table XXIV)

On the other hand, married students with a low need for health services who have a greater degree of insurance coverage use student health physicians more often than married students with low need who have a lessor degree of insurance coverage. ($P < .8$) When need is controlled, married students with a greater degree of health insurance coverage use student health physicians more often than married students with a lessor degree of insurance coverage. ($P < .02$, Table XXV)

Use of Student Health Service Affected by Attitude

This analysis will examine those attitudinal variables which are sufficiently correlated with use of the student health service to warrant discussion. Variables will be controlled that may influence the relationship between a specific variable and use. The attitude of the combined married and single student population will be examined.

Students who use the student health service more often are more positive about student health personnel than students who do not use the student health service. The correlation between use and a positive attitude toward student health personnel is .2374. The $R^2 = .056$ which means that a positive attitude toward student health personnel is capable of explaining .056 of the variance in use of student health service physicians. Since no other variables are significantly associated with both use and attitude toward student health personnel, no other variables will be controlled.

Using the formula $(N - 1)R^2 = X^2$ with one degree of freedom, a mantel-haenzel chi-square with one degree of freedom is obtained. The result is an M-H chi-square of 17.4 which is well beyond the .001 level of significance indicating a high degree of association between use of the student health

The correlation between a positive attitude of students toward the cost of the student health services and use is .1821 indicating that students who use the student health service feel that the cost of the student health service is compratively low. However, the attitude toward cost of private physicians and cost of the student health service and use are associated and thus will be taken into account in the following analysis.

Among those students who feel that the cost of private physicians is high, those in this group who feel that the cost of the student health service is low, use the student health service more often than students who feel the cost of private physicians is high and also feel that the cost of the student health service is high. ($P < .009$) A similar result holds for those studentswho feel that the cost of private physicians is very high in that among these students, those who think the cost of the student health service is low, use the student health service more often than students who think that the cost of private physicians is very high and also feel that the cost of the student health service is high. ($P < .002$)

When the feelings about the cost of private physicians are controlled, students who feel that the cost of the student health service is comparatively low use the student health service more often than students who feel that the cost of the student health service is high. ($P < .047$)

The correlation between use of the student health service and how the student feels about the care rendered at the student health service is .1576 indicating that students who use the student health service are somewhat positive about the care received. Since distance is correlated with both use of the student health service and feelings about the care rendered, distance will be controlled in the following analysis.

Those students who live less than one mile from campus who like the care rendered at the student health service use the student health service more often than those students who live within one mile of the campus who dislike the care rendered at the student health service. ($P < .05$) Also, those students who live six or more miles from the campus who like the care rendered at the student health service use the student health service more often than those students who live six or more miles who dislike the care rendered at the student health service. ($P < .02$) When distance is controlled, those students who like the care rendered at the student health service use the student health service more often than students who dislike the care rendered at the student health service. ($P < .02$)

Interestingly, only 6% of those students who had seen a physician at the student health service one or more times during the past year said they disliked the care rendered at the student health service. Also, 79% of those students who said they disliked the care rendered at the student health service had not seen a physician at the student health service in the past year. On the other hand, 68% of those who said they liked the care rendered at the student health service also had not visited a physician at the student health service in the past year.

The correlation between use of the student health service and a positive feeling about the student health service location is .1302. Since distance is associated with both use of the student health service and feelings about student health service location, distance is controlled in the following analysis.

Those students who live less than one mile from the campus who like the location of the student health service use student health physicians more often than students who live less than one mile who do not like the location. ($P < .03$) When distance is controlled, as expected, those

students who like the location of the student health service see a physician at the student health service more often than students who dislike the location ($P < .02$)

The correlation between use of the student health service and opposition to discontinuing the student health service is .3074, indicating an association between use and opposition to discontinuing the student health service. Since both distance and residence are associated with both use and discontinuing the student health service, residence and distance are controlled in the following analysis.

Students who live with their parents within 2-5 miles of the campus and students who live with their parents six or more miles from the campus and oppose the discontinuance of the student health service use student health physicians more often than similar population groups who favor discontinuing the student health service. ($P < .03$ for 2 to 5 miles and .0005 for six or more miles) Additionally, students who do not live with their parents at less than one mile, 2 to 5 miles, and 6 or more miles from campus and who are opposed to discontinuing the student health service, use the student health service more often than similar populations who do not oppose discontinuing the student health service ($P < .0003$, for less than one mile, .02 for 2 to 5 miles and .04 for 6 or more miles).

Controlling for residence, those students who live less than one mile ($P < .04$), 2 to 5 miles ($P < .07$) and 6 or more miles ($P < .05$) who oppose discontinuing the student health service see student health service physicians more often than similar population groups who do no oppose discontinuing the student health service. When distance is controlled, those students living with their parents ($P < .01$) and those students who do not live with their parents ($P < .05$) who oppose discontinuing the student health service see student health physicians more often than similar

population groups who were in favor of discontinuing the student health service. When both residence and distance are controlled, students who oppose discontinuing the student health service see student health physicians more often than students who were in favor of discontinuing the student health service. ($P < .0^{5}$)

Interestingly, only 1.5% (10) of the 656 students who responded to this question favored discontinuing the student health service. None of these 10 students had seen a student health physician within the past year. Eighteen percent of the 656 students responding had seen a student health physician one or more times during the past year and were opposed to discontinuing the student health service.

TABLE I

TOTAL POPULATION (INCLUDING FACULTY AND STAFF)

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS
(NON STUDENT HEALTH SERVICE) AND SEX

Days of Restricted Activity	Male Physician's Visits (Non SHS) Total	0	1 - 2	3 or more	Female Physician's Visits (Non SH Total	0	1 - 2	3 or more
0	230	79	98	53	106	29	43	34
	(100)	(34)	(43)	(23)	(100)	(27)	(41)	(32)
1 - 2	161	55	62	44	121	29	44	48
	(100)	(34)	(39)	(27)	(100)	(24)	(36)	(40)
3 or more	154	32	51	71	207	42	51	114
	(100)	(21)	(33)	(46)	(100)	(20)	(25)	(55)
Total	545	166	211	168	434	100	138	196

M-H Chi Square p values = $.0^{3}$, .0011, $.0^{4}$ for male, female, and both respectively.

TABLE II

TOTAL POPULATION (INCLUDING FACULTY AND STAFF)

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS (STUDENT HEALTH SERVICES) AND SEX

	Male				Female			
		Physician's Visits (SHS)				Physician's Visits (SHS)		
Days of Restricted Activity	Total	0	1 - 2	3 or more	Total	0	1 - 2	3 or more
0	230	208	19	3	106	89	11	6
	(100)	(90)	(8)	(1)	(100)	(84)	(10)	(6)
1 - 2	161	137	20	4	121	97	16	8
	(100)	(85)	(12)	(3)	(100)	(80)	(13)	(7)
3 or more	154	128	21	5	207	164	27	16
	(100)	(83)	(14)	(3)	(100)	(79)	(13)	(8)
Total	545	473	60	12	434	350	54	30

M-H Chi Square p values = .0331, .3607, ,03579 for male, female, and both respectively.

TABLE III

SINGLE AND MARRIED STUDENTS

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS AND SEX

	Male Physician's Visits				Female Physician's Visits			
Days of Restricted Activity	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Less than 3 days Restricted Activity	280	76	121	83	158	33	61	64
	(100)	(27)	(43)	(30)	(100)	(21)	(39)	(40)
3 or days Restricted Activity	129	21	44	64	136	23	22	91
	(100)	(16)	(34)	(50)	(100)	(17)	(16)	(67)
Total	409	97	165	147	294	56	83	155

M-H Chi Square p values = .0002, .0011, .0003 for male, female, and both respectively.

TABLE IV

SINGLE AND MARRIED STUDENTS

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS
(STUDENT HEALTH SERVICES) AND SEX

Days of Restricted Activity	Male Physician's Visits (SHS) Total	0	1 - 2	3 or more	Female Physician's Visits (SHS) Total	0	1 - 2	3 or more
0	163	143	17	3	79	65	8	6
	(100)	(88)	(10)	(2)	(100)	(82)	(10)	(8)
1 - 2	117	97	17	3	79	59	12	8
	(100)	(83)	(14)	(3)	(100)	(75)	(15)	(10)
3 or more	129	106	19	4	136	102	20	14
	(100)	(82)	(15)	(3)	(100)	(75)	(15)	(10)
Total	409	346	53	10	294	226	40	28

M-H Chi Square p values = .2037, .3321, .1099 for male, female, and both respectively.

TABLE V

MARRIED STUDENTS

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS AND SEX

	Male Physician's Visits				Female Physician's Visits			
Days of Restricted Activity	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Less than 3 days Restricted Activity	105	28	47	30	38	5	17	16
	(100)	(27)	(45)	(28)	(100)	(13)	(45)	(42)
3 or days Restricted Activity	51	7	15	29	31	6	4	21
	(100)	(14)	(29)	(57)	(100)	(19)	(13)	(68)
Total	156	35	62	59	69	11	21	37

M-H Chi Square p values = .0027, .36, .001 for male, female, and both respectively.

TABLE VI

MARRIED STUDENTS

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS
(NON STUDENT HEALTH SERVICE) AND SEX

Days of Restricted Activity	Male Physician's Visits (Non SHS)				Female Physician's Visits (Non SH			
	Total	0	1 - 2	3 or more	Total	0	1 - 2	3 or more
0	59	22	24	13	16	4	8	4
	(100)	(37)	(41)	(22)	(100)	(25)	(50)	(25)
1 - 2	46	13	21	12	22	3	11	8
	(100)	(28)	(46)	(26)	(100)	(14)	(50)	(36)
3 or more	51	10	13	28	31	7	4	20
	(100)	(20)	(25)	(55)	(100)	(23)	(13)	(64)
Total	156	45	58	53	69	14	23	32

M-H Chi Square p values = .0012, .0957, .0002 for male, female, and both respectively.

TABLE VII

MARRIED STUDENTS

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS
(STUDENT HEALTH SERVICES) AND SEX

	Male				Female			
	Physician's Visits (SHS)				Physician's Visits (SHS)			
Days of Restricted Activity	Total	0	1 - 2	3 or more	Total	0	1 - 2	3 or more
0	59	52	5	2	16	11	3	2
	(100)	(88)	(9)	(3)	(100)	(69)	(19)	(12)
1 - 2	46	40	5	1	22	14	4	4
	(100)	(87)	(11)	(2)	(100)	(64)	(18)	(18)
3 or more	51	42	8	1	31	27	2	2
	(100)	(82)	(16)	(2)	(100)	(87)	(7)	(7)
Total	156	134	18	4	69	52	9	8

M-H Chi Square p values = .6889, .1904, .5762 for male, female, and both respectively.

TABLE VIII

SINGLE STUDENTS

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS AND SEX

	Male Physician's Visits				Female Physician's Visits			
Days of Restricted Activity	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Less than 3 days Restricted Activity	175	48	74	53	120	28	44	48
	(100)	(27)	(42)	(30)	(100)	(23)	(37)	(40)
3 or days Restricted Activity	78	14	29	35	105	17	18	70
	(100)	(18)	(37)	(45)	(100)	(16)	(17)	(67)
Total	253	62	103	88	225	45	62	118

M-H Chi Square p values = .0262, .0018, .00012 for male, female, and both respectively.

TABLE IX

SINGLE STUDENTS

DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS

(NON STUDENT HEALTH SERVICES) AND SEX

	Male				Female			
	Physician's Visits (Non SHS)				Physician's Visits (Non SH			
Days of Restricted Activity	Total	0	1 - 2	3 or more	Total	0	1 - 2	3 or more
0	104	30	48	26	63	18	28	17
	(100)	(29)	(46)	(25)	(100)	(29)	(44)	(27)
1 - 2	71	25	23	23	57	15	19	23
	(100)	(35)	(32)	(32)	(100)	(26)	(33)	(40)
3 or more	78	15	35	28	105	21	26	58
	(100)	(19)	(45)	(36)	(100)	(20)	(25)	(55)
Total	253	70	106	77	225	54	73	98

M-H Chi Square p values = .0921, .0038, .001 for male, female, and both respectively.

TABLE X

SINGLE STUDENTS
DAYS OF RESTRICTED ACTIVITY BY PHYSICIAN'S VISITS
(STUDENT HEALTH SERVICES) AND SEX

Days of Restricted Activity	Male Physician's Visits (SHS) Total	0	1 - 2	3 or more	Female Physician's Visits (SHS) Total	0	1 - 2	3 or more
0	104	91	12	1	63	54	5	4
	(100)	(88)	(11)	(1)	(100)	(86)	(8)	(6)
1 - 2	71	57	12	2	57	45	8	4
	(100)	(80)	(17)	(3)	(100)	(79)	(14)	(7)
3 or more	78	64	11	3	105	75	18	12
	(100)	(87)	(14)	(4)	(100)	(71)	(17)	(11)
Total	253	212	35	6	225	174	31	20

M-H Chi Square p values = .2204, .0554. .0264 for male, female, and both respectively.

TABLE XI

SINGLE AND MARRIED STUDENTS COMBINED
PERSONAL INCOME BY PARENTAL INCOME AND PHYSICIAN'S VISITS

	Parental Income							
		High ($15,000 or more) Physician's Visits				Low (Less than $15,000) Physician's Visits		
Personal Income	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Less than $1,999	88	21	26	41	120	32	44	44
	(100)	(24)	(29)	(47)	(100)	(27)	(37)	(37)
$2,000 - $4,999	98	18	36	39	121	24	40	57
	(100)	(19)	(39)	(42)	(100)	(20)	(33)	(47)
More than $5,000	58	10	22	26	64	10	25	29
	(100)	(17)	(38)	(45)	(100)	(16)	(39)	(45)
TOTAL	239	49	84	106	305	66	109	130

M-H Chi Square p values = .7727, .0740, .11930 for high parental income, low parental income, and both respectively.

TABLE XII

MARRIED STUDENTS
PERSONAL INCOME BY PARENTAL INCOME AND PHYSICIAN'S VISITS

	Parental Income							
		High ($15,000 or more) Physician's Visits			Low (Less than $15,000) Physician's Visits			
Personal Income	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Less than $1,999	1	1	0	0	0	0	0	0
	(100)	(100)	(0)	(0)	(0)	(0)	(0)	(0)
$2,000 - $4,999	7	1	1	5	12	2	6	4
	(100)	(14)	(14)	(71)	(100)	(17)	(50)	(33)
More than $5,000	39	6	16	17	36	5	14	17
	(100)	(15)	(41)	(44)	(100)	(14)	(39)	(47)
TOTAL	47	8	17	22	48	7	20	21

M-H Chi square p values = .9368, .6403, .59110 for high parental income, low parental income, and both respectively.

TABLE XIII

SINGLE STUDENTS
PERSONAL INCOME BY PARENTAL INCOME AND PHYSICIAN'S VISITS

	Parental Income							
		High ($15,000 or more) Physician's Visits				Low (Less than $15,000) Physician's Visits		
Personal Income	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Less than $1,999	87	20	26	41	120	32	44	44
	(100)	(23)	(30)	(47)	(100)	(27)	(37)	(37)
$2,000 - $4,999	86	17	35	34	109	22	34	53
	(100)	(20)	(41)	(39)	(100)	(20)	(31)	(49)
More than $5,000	19	4	6	9	28	5	11	12
	(100)	(21)	(32)	(47)	(100)	(18)	(39)	(43)
TOTAL	192	41	67	84	257	59	89	109

M-H Chi Square p values = .9693, .1416, .28971 for high parental income, low parental income, and both respectively.

TABLE XIV

SINGLE AND MARRIED STUDENTS
MARITAL STATUS BY NEED AND PHYSICIAN'S
VISITS (STUDENT HEALTH SERVICE)

Marital Status	Total	Low Need Less than 3 days Restricted Activity Physician's Visits SHS			Total	High Need 3 or more days Restricted Activity Physician's Visits SHS		
		0	1-2	3 or more		0	1-2	3 or more
Unmarried	296 (100)	248 (84)	36 (12)	12 (4)	182 (100)	138 (76)	29 (16)	15 (8)
Married	144 (100)	118 (82)	17 (12)	9 (6)	82 (100)	70 (85)	9 (11)	3 (4)
TOTAL	440	366	53	21	264	208	38	18

M-H Chi Square p values = .5013, .0875, .59365 for low need and high need . and both respectively.

TABLE XV

SINGLE AND MARRIED STUDENTS
DISTANCE FROM STUDENT HEALTH SERVICE BY NEED,
AND PHYSICIANS VISITS (STUDENT HEALTH
SERVICE)

Distance	Low Need Less than 3 days Restricted Activity Physician's Visits SHS				High Need 3 or more days Restricted Activity Physician's Visits SHS		
	Total	0	1-2	3 or more	Total	0	1-2	3 or more
0 - 1	117 (100)	81 (69)	25 (21)	11 (9)	59 (100)	37 (63)	15 (24)	7 (12)
2 - 5	151 (100)	137 (91)	11 (7)	3 (2)	85 (100)	74 (87)	7 (8)	4 (5)
6 or more	174 (100)	149 (86)	18 (10)	7 (4)	122 (100)	98 (80)	17 (14)	7 (6)
TOTAL	442	367	54	21	266	209	39	18

M-H Chi Square p values = .002, .042, .0002 for low need and high need , and both respectively.

TABLE XVI

MARRIED STUDENTS
DISTANCE FROM STUDENT HEALTH SERVICE BY NEED,
AND PHYSICIAN'S VISITS (STUDENT HEALTH
SERVICE)

		Low Need Less than 3 days Restricted Activity Physician's Visits SHS				High Need 3 or more days Restricted Activity Physician's Visits SHS		
Distance	Total	0	1-2	3 or more	Total	0	1-2	3 or more
0 - 1	37 (100)	25 (68)	7 (19)	5 (13)	13 (100)	10 (77)	2 (15)	1 (8)
2 - 5	60 (100)	54 (90)	5 (8)	1 (2)	25 (100)	24 (96)	1 (4)	0 (0)
6 or more	47 (100)	39 (83)	5 (11)	3 (6)	45 (100)	36 (80	7 (16)	2 (4)
TOTAL	144	118	17	9	83	70	10	3

M-H Chi Square p values = .1193, .9187, .2396 for low need and high need, and both respectively.

TABLE XVII

SINGLE STUDENTS
DISTANCE FROM STUDENT HEALTH SERVICE BY NEED,
AND PHYSICIAN'S VISITS (STUDENT HEALTH SERVICE)

		Low Need Less than 3 days Restricted Activity Physician's Visits SHS				High Need 3 or more days Restricted Activity Physician's Visits SHS		
Distance	Total	0	1-2	3 or more	Total	0	1-2	3 or more
0 - 1	80	56	18	6	46	27	13	6
	(100)	(70)	(22)	(8)	(100)	(59)	(28)	(13)
2 - 5	91	83	6	2	60	50	6	4
	(100)	(91)	(7)	(2)	(100)	(83)	(10)	(7)
6 or more	127	110	13	4	77	62	10	5
	(100)	(87)	(10)	(3)	(100)	(81)	(13)	(7)
TOTAL	298	249	37	12	183	139	29	15

M-H Chi Square p values = .0094, .0312, .00064 for low need and high need, and both respectively.

TABLE XVIII

SINGLE AND MARRIED STUDENTS

SEX BY RESIDENCE, NEED AND PHYSICIAN'S VISITS

Sex	Residence	No Days Restricted Activity Physicians Visits				1-2 Days Restricted Activity Physicians Visits				3 or more Days Restricted Activity Physicians Visits			
		Total	0	1-2	3 or more	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Male	Lives with Parents	62	13	30	19	39	13	13	13	44	7	18	19
		(100)	(21)	(48)	(31)	(100)	(33)	(33)	(33)	(100)	(16)	(41)	(43)
	Does not live with Parents	97	29	45	23	72	20	26	26	78	11	26	41
		(100)	(30)	(46)	(34)	(100)	(29)	(36)	(36)	(100)	(14)	(33)	(56)
	Total	159	42	75	42	111	33	39	39	122	18	44	60
Female	Lives with Parents	35	9	17	9	36	11	11	14	59	11	12	36
		(100)	(26)	(49)	(26)	(100)	(31)	(31)	(39)	(100)	(19)	(20)	(61)
	Does not live with Parents	43	9	17	17	43	4	15	24	74	10	10	54
		(100)	(21)	(40)	(40)	(100)	(9)	(35)	(56)	(100)	(13)	(13)	(73)
	Total	78	18	34	26	79	15	26	38	133	21	22	90

TABLE XIX

SINGLE AND MARRIED STUDENTS

SEX BY RESIDENCE, NEED AND PHYSICIAN'S VISITS

STUDENT HEALTH SERVICE

Sex	Residence	Total	No Days Restricted Activity Physicians Visits SHS			1-2 Days Restricted Activity Physicians Visits SHS				3 or more Days Restricted Activity Physicians Visits SHS			
			0	1-2	3 or more	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Male	Lives with Parents	62	56	5	1	39	32	7	0	44	39	4	1
		(100)	(90)	(8)	(2)	(100)	(82)	(18)	(0)	(100)	(89)	(9)	(2)
	Does not live with Parents	97	83	12	2	72	61	8	3	78	61	14	3
		(100)	(86)	(12)	(2)	(100)	(85)	(11)	(4)	(100)	(78)	(18)	(4)
	Total	159	139	17	3	111	93	15	3	122	100	18	4
Female	Lives with Parents	35	35	0	0	36	30	5	1	59	46	8	5
		(100)	(100)	(0)	(0)	(100)	(83)	(14)	(3)	(100)	(78)	(14)	(8)
	Does not live with Parents	43	30	7	6	43	29	7	7	74	54	11	9
		(100)	(70)	(16)	(14)	(100)	(67)	(16)	(16)	(100)	(73)	(15)	(12)
	Total	78	65	7	6	79	59	12	8	133	100	19	14

TABLE XX

SINGLE STUDENTS

SEX BY RESIDENCE, NEED AND PHYSICIAN'S VISITS

Sex	Residence	Total	No Days Restricted Activity Physicians Visits			1-2 Days Restricted Activity Physicians Visits				3 or more Days Restricted Activity Physicians Visits			
			0	1-2	3 or more	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Male	Lives with Parents	61	13	30	18	38	13	12	13	44	7	18	19
		(100)	(21)	(49)	(30)	(100)	(34)	(32)	(34)	(100)	(16)	(41)	(43)
	Does not live with Parents	43	13	21	9	31	9	9	13	31	6	11	14
		(100)	(30)	(49)	(21)	(100)	(29)	(29)	(42)	(100)	(19)	(36)	(45)
	Total	104	26	51	27	69	22	21	26	75	13	29	33
Female	Lives with Parents	34	9	16	9	36	11	11	14	58	11	11	36
		(100)	(26)	(47)	(26)	(100)	(31)	(31)	(39)	(100)	(19)	(19)	(52)
	Does not live with Parents	28	5	11	12	21	3	5	13	46	6	7	33
		(100)	(18)	(39)	(43)	(100)	(14)	(24)	(62)	(100)	(13)	(15)	(72)
	Total	62	14	27	21	57	14	16	27	104	17	18	69

TABLE XXI

SINGLE STUDENTS

SEX BY RESIDENCE, NEED AND PHYSICIAN'S VISITS

STUDENT HEALTH SERVICE

Sex	Residence	Total	No Days Restricted Activity Physicians Visits SHS			1-2 Days Restricted Activity Physicians Visits SHS				3 or more Days Restricted Activity Physicians Visits SHS			
			Total	0	1-2	3 or more	Total	0	1-2	3 or more	Total	0	1-2	3 or more
Male	Lives with Parents	61 (100)	55 (90)	5 (8)	1 (2)	38 (100)	32 (84)	6 (16)	0 (0)	44 (100)	39 (89)	4 (9)	1 (2)
	Does not live with Parents	43 (100)	36 (84)	7 (16)	0 (0)	31 (100)	23 (74)	6 (19)	2 (7)	31 (100)	23 (74)	6 (19)	2 (7)
	Total	104	91	12	1	69	55	12	2	75	62	10	3
Female	Lives with Parents	34 (100)	34 (100)	0 (0)	0 (0)	36 (100)	30 (83)	5 (14)	1 (3)	58 (100)	45 (78)	8 (14)	5 (8)
	Does not live with Parents	28 (100)	20 (71)	4 (14)	4 (14)	21 (100)	15 (71)	3 (14)	3 (14)	46 (100)	30 (65)	9 (20)	7 (15)
	Total	62	54	4	4	57	45	8	4	104	75	17	12

TABLE XXII

SINGLE AND MARRIED STUDENTS

HEALTH INSURANCE BY NEED AND PHYSICIANS VISITS

Health Insurance	Low Need Less than 3 days Restricted Activity Physician's Visits				High Need 3 or more days Restricted Activity Physician's Visits			
	Total	0	1-2	3 or more	Total	0	1-2	3 or more
None	158	42	71	45	82	15	22	45
Student Health	49	11	16	22	30	4	8	18
Other	213	55	85	73	138	25	33	80
Other and Student Health	21	3	9	9	13	1	3	9
Total	441	111	181	149	263	45	66	152

M-H Chi Square p values = .2541, .5524, .1959 for low need and high need, and both respectively.

TABLE XXIII

SINGLE AND MARRIED STUDENTS

HEALTH INSURANCE BY NEED AND PHYSICIANS VISITS

STUDENT HEALTH CENTER

		Low Need Less than 3 days Restricted Activity Physician's Visits SHS				High Need 3 or more days Restricted Activity Physician's Visits SHS		
Health Insurance	Total	0	1-2	3 or more	Total	0	1-2	3 or more
None	158	132	19	7	82	63	13	6
	(100)	(84)	(12)	(4)	(100)	(77)	(16)	(7)
Student Health	49	32	10	7	30	21	5	4
	(100)	(65)	(20)	(14)	(100)	(70)	(17)	(13)
Other	213	191	18	4	138	114	17	7
	(100)	(90)	(8)	(2)	(100)	(83)	(12)	(5)
Other and Student Health	21	11	7	3	13	10	2	1
	(100)	(52)	(33)	(14)	(100)	(77)	(15)	(8)
Total	441	366	54	21	263	208	37	18

M-H Chi Square p values = .8805, .3569, .46188 for low need and high need, and both respectively.

TABLE XXIV

MARRIED STUDENTS

HEALTH INSURANCE BY NEED AND PHYSICIANS VISITS

Health Insurance	Total	Low Need Less than 3 days Restricted Activity Physician's Visits 0	1-2	3 or more	Total	High Need 3 or more days Restricted Activity Physician's Visits 0	1-2	3 or more
None	93	23	43	27	50	10	11	29
	(100)	(25)	(46)	(29)	(100)	(20)	(22)	(58)
Student Health	9	2	3	4	7	0	1	6
	(100)	(22)	(33)	(44)	(100)	(0)	(14)	(86)
Other	35	9	15	11	23	4	6	13
	(100)	(26)	(43)	(31)	(100)	(17)	(26)	(57)
Other and Student Health	8	0	4	4	3	0	1	2
	(100)	(0)	(50)	(50)	(100)	(0)	(33)	(67)
Total	145	34	65	46	83	14	19	50

M-H Chi Square p values = .6871, .7037, .2857 for low need and high need, and both respectively.

TABLE XXV

MARRIED STUDENTS

HEALTH INSURANCE BY NEED AND PHYSICIANS VISITS

STUDENT HEALTH SERVICE

		Low Need Less than 3 days Restricted Activity Physician's Visits SHS				High Need 3 or more days Restricted Activity Physician's Visits SHS		
Health Insurance	Total	0	1-2	3 or more	Total	0	1-2	3 or more
None	93	82	8	3	50	42	7	1
	(100)	(88)	(9)	(3)	(100)	(84)	(14)	(2)
Student Health	9	7	1	1	7	4	2	1
	(100)	(78)	(11)	(11)	(100)	(57)	(29)	(14)
Other	35	28	4	3	23	21	1	1
	(100)	(80)	(11)	(9)	(100)	(91)	(4)	(4)
Other and Student Health	8	2	4	2	3	3	0	0
	(100)	(25)	(50)	(25)	(100)	(100	(0)	(4)
Total	145	119	17	9	83	70	10	3

M-H Chi Square p values = .0014, .7349, .0139 for low need and high need, and both respectively.

TABLE XXVI

SINGLE STUDENTS

HEALTH INSURANCE BY NEED AND PHYSICIANS VISITS

Health Insurance	Low Need Less than 3 days Restricted Activity Physician's Visits				High Need 3 or more days Restricted Activity Physician's Visits			
	Total	0	1-2	3 or more	Total	0	1-2	3 or more
None	65	19	28	18	32	5	11	16
	(100)	(29)	(43)	(28)	(100)	(16)	(34)	(50)
Student Health	40	9	13	18	23	4	7	12
	(100)	(22)	(32)	(45)	(100)	(17)	(30)	(52)
Other	178	46	70	62	115	21	27	67
	(100)	(26)	(39)	(35)	(100)	(18)	(24)	(58)
Other and Student Health	13	3	5	5	10	1	2	7
	(100)	(23)	(38)	(38)	(100)	(10)	(20)	(70)
Total	296	77	116	103	180	31	47	102

M-H Chi Square p values = .4810, .4981, .3156 for low need and high need, and both respectively.

TABLE XXVII

SINGLE STUDENTS

HEALTH INSURANCE BY NEED AND PHYSICIANS VISITS

STUDENT HEALTH SERVICE

		Low Need Less than 3 days Restricted Activity Physician's Visits SHS				High Need 3 or more days Restricted Activity Physician's Visits SHS		
Health Insurance	Total	0	1-2	3 or more	Total	0	1-2	3 or more
None	65	50	11	4	32	21	6	5
	(100)	(77)	(17)	(6)	(100)	(66)	(19)	(16)
Student Health	40	25	9	6	23	17	3	3
	(100)	(62)	(23)	(15)	(100)	(74)	(13)	(13)
Other	178	163	14	1	115	93	16	6
	(100)	(91)	(8)	(1)	(100)	(81)	(14)	(5)
Other and Student Health	13	9	3	1	10	7	2	1
	(100)	(69)	(23)	(8)	(100)	(70)	(20)	(10)
Total	296	247	37	12	180	138	27	15

M-H Chi Square p values = .0049, .0845, 00103 for low need and high need, and both respectively.